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**2014-2015 Combined Application for the Substance
Abuse Prevention and Treatment
Block Grant and Community Mental Health Block
Grants: Executive Summary for Comment**

February 14, 2013

**Bureau of Prevention Treatment and Recovery
Division of Mental Health and Substance Abuse Services
Wisconsin Department of Health Services**

Background

Federal law requires that each state submit an annual application for their allocation of Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Community Mental Health Block Grant (MHBG) funds. This year is the first year that Wisconsin will be filing a combined SAPTBG and MHBG application for FFYs 2014-2016. The combined application is due to the Substance Abuse and Mental Health Services Administration (SAMHSA) on April 1, 2013. SAMHSA has instructed the Division of Mental Health and Substance Abuse Services to assume the same level of funding in FFY 2014 as Wisconsin's final allocation is expected to receive in FFY 2013(the FFY 13 Budget is still not final) , that amount for the SAPTBG is **\$27,880,736**. The amount for the FFY 2014 for the MHBG is projected to be **\$6,995,270**. This reflects a \$1,020,641 reduction in MHBG from the final FFY 2012 allocation due to the expected redistribution among states due to the periodic application of formula factors.

Combined Needs Assessment

The combined block grant application requires a combined needs assessment that should inform the state priority areas that must be added to the federally required priority areas for each block grant. The Wisconsin 2014-2016 Combined MHBG and SAPTBG will include the following required Needs Assessment elements: assessment of the state's strengths and needs; identify unmet needs and gaps and then federal and state priorities for planning and system improvement activities that will begin to address those unmet needs and gaps.

The Bureau completed the needs assessment in consultation with stakeholders through a Joint Needs Assessment Committee formed by the State Council on Alcohol and Other Drug Abuse and the Wisconsin Council on Mental Health.

The DMHSAS proposed funding will address some of the SAMHSA priority areas. In addition, the application will identify other strategies that do not involve funding that are appropriate for Wisconsin. The state application will include objectives, strategies and performance indicators in the federally required format for the State priorities listed below.

DRAFT Block Grant Priority Areas for Public Comment

The following draft priorities for planning and system development will be presented for public input and comment:

2014-2016 SAPTBG Priorities
FEDERALLY REQUIRED PRIORITIES
1. 100% of all certified AODA treatment agencies in Wisconsin will be compliant with Wisconsin TB information and referral policies which assures that patients are screened for TB and provide them with referral information about TB testing and treatment if the screen is positive.
2. Increase prevention, street outreach and access to treatment for injection drug users (IDU).
3. Increase access to culturally appropriate and comprehensive services for special populations such as Hispanic/Latinos, Native Hawaiian or Pacific Islander, African American, Asians, American Indian or Alaska Native, LGBTQ, and veterans.
4. Reduce youth access to tobacco products and maintain at retail outlets non-

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compliance rate of less than 10%.
ADDITIONAL STATE PRIORITY AREAS
5. Increase the number of women specific evidence-based services or programs within counties and tribes with a focus on pregnant women and women with dependent children. (ALSO A FEDERAL PRIORITY)
6. Increase the use of effective and evidence-based services for substance use disorders for persons coming in contact with the criminal justice system
7. Reduce the number of alcohol related motor vehicle fatalities with a special target of people ages 16 to 34.
8. Reduce the non-medical use of prescription opiates.

2014-2016 MHBG Priorities
1. Increase the access and quality of wraparound services for children and youth through the expansion of the number of counties and tribes with Coordinated Services Team (CST) programs.
2. Increase access and quality of mental health and substance abuse services that promote evidence-based practices through increasing the number of people served in psychosocial rehabilitation programs, such as Comprehensive Community Services (CCS), Community Support Programs (CSP), peer support, supported employment.
3. Promote effective and evidence-based practices for people involved in the criminal justice system thru consultation with county systems.

Combined Block Grant Proposed Goals, Strategies and Indicators**2014-2016 Substance Abuse Treatment and Prevention Block Grant Priorities**

Priority Type	Targeted/required populations	Goal of the priority area	Strategies to attain the goal	Annual Performance Indicators
Substance Abuse Treatment REQUIRED FEDERAL	Individuals with tuberculosis.	100% of all certified AODA treatment agencies in Wisconsin will be compliant with Wisconsin TB information and referral policies.	<ul style="list-style-type: none"> In cooperation with the Wisconsin Division of Quality Assurance, identify agencies in non-compliance with TB information and referral policies and provide follow-up technical assistance to ensure compliance. 	The rate of treatment agencies in compliance with TB information and referral policies vs. total agencies certified or re-certified will be 100%.

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Substance Abuse Prevention REQUIRED FEDERAL	Persons who are intravenous drug users (IDU).	Increase prevention, street outreach and access to recovery-oriented treatment for injection drug users (IDU).	<ul style="list-style-type: none"> • Realign existing funding to have increased emphasis on prevention and early intervention; provide education and training to street outreach teams; • Strengthen collaborations among agencies serving IDUs. 	Increase treatment admissions among injection drug users by 2% over baseline of approximately 1,200 annual admissions.
Substance Abuse Treatment Substance Abuse Prevention REQUIRED FEDERAL	American Indians/Alaska Natives Underserved racial and ethnic minorities.	Improve access to recovery-oriented services for special populations such as Hispanic/Latinos, African Americans, Asians, American Indian, Military Families, Deaf and Hard of Hearing, and LGBTQ populations.	<ul style="list-style-type: none"> • Regularly monitor treatment services provided to special populations to assure the proportion of racial, ethnic and cultural individuals being served are comparable to their occurrence in the general population. • Provide technical assistance to provider community to improve access to services for special needs populations. 	The proportion of racial, ethnic individual persons served will be comparable to their occurrence in the general population including adjustments for their incidence of substance use disorders.
Substance Abuse Prevention REQUIRED FEDERAL	Youth substance use.	Reduce youth access to tobacco products and maintain at retail outlets non-compliance rates of less than 10%.	<ul style="list-style-type: none"> • Continuation of implementation of Wisconsin Wins compliance checks, media outreach and public outreach through the Division of Public Health's Tobacco Prevention and Control Program. 	Proportion of successful attempts to purchase tobacco products by young people will be below 10%. The CY 2010 rate was 4.7%.

SABG Priority Areas

Priority Type	Targeted/required populations	Goal of the priority area	Strategies to attain the goal	Annual Performance Indicators
Substance Abuse Treatment Substance Abuse Prevention REQUIRED FEDERAL	Women who are pregnant and have a substance use disorder. Parents with substance use disorder.	Increase the number of women specific recovery-oriented evidence based services or programs within 5 counties or tribes with a focus on pregnant women or women with dependent children.	<ul style="list-style-type: none"> • Develop and provide statewide training and consultation on the expansion of Evidence Based Practices. 	Record and documentation of the number of counties or tribes implementing women specific evidence based practices.

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Priority Type	Targeted/required populations	Goal of the priority area	Strategies to attain the goal	Annual Performance Indicators
Substance Abuse Services	Individuals with mental and/or substance use disorders involved in the criminal justice system.	Increase the use of effective and recovery-oriented evidence-based services for substance use disorders for persons coming in contact with the criminal justice system.	<ul style="list-style-type: none"> Provide statewide training and consultation of evidence based programs 	Through training and consultation, record and document the number of new evidence based practices that have been implemented.
Substance Abuse Prevention Substance Abuse Treatment	Environmental/policy prevention activities. Individuals with risky use of substances or with substance use disorders.	Reduce the number of alcohol-related motor vehicle fatalities by 2% for individuals between the ages of 16 – 34).	<ul style="list-style-type: none"> Partner with DOT to enhance law enforcement capacity to address alcohol laws. Partner with the University of Wisconsin Law School Alcohol Policy Project to provide training on best practices for coalitions working to reduce drunk driving. Working with community Alliance for Wisconsin Youth Coalitions, promote the following preventative interventions: A) Implement saturation patrols during targeted time periods such as the post-closing hours. B) Promote the prosecution and adjudication with sanctions of alcohol law violations within the municipal court system. C) Establish evidence based “best practices” for local retailers including; no consumption based drink specials, all staff trained, refusal to serve all patrons 	Number of alcohol-related motor vehicle fatalities as measured by the National Highway Traffic Safety Administration’s Fatality Analysis Reporting System (FARS) and The Wisconsin Department of Transportation’s Wisconsin’s Traffic Crash Facts is reduced by 2%.

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Priority Type	Targeted/required populations	Goal of the priority area	Strategies to attain the goal	Annual Performance Indicators
			<p>under age 21, annual review of ID check procedure and identifying intoxicated patrons with law enforcement. Off premises "Class A" retailers agree to restriction on "tastings" and restrictions on POS advertising.</p> <ul style="list-style-type: none"> • Provide funding to support evidence based practices for OWI clients seeking SA treatment • Increase number of OWI courts or provide development grants for existing or new courts to implement evidence based practices. 	
Substance Abuse Prevention	Individuals in need of primary substance abuse prevention.	Reduce the non-medical/unauthorized use of prescription opiates.	<ul style="list-style-type: none"> • Promote best practices for reducing prescription drug availability including practices for prescribers and dispensers as well as for proper medication disposal. • Raise awareness among parents, youth, patients, and health care providers. • Collaborate with DSPS on the implementation of Wisconsin's PDMP. 	2% reduction in consumption rates as measured by the CDC's Youth Risk Behavior Survey and the National Survey on Drug Use and Health (WI Sample).

DRAFT FOR COMMENT**2014-2016 Mental Health Block Grant Priorities**

Priority Type	Targeted/required populations	Goal of the priority area	Strategies to attain the goal	Annual Performance Indicators
Mental Health Services Substance Abuse Services	Children with Serious Emotional Disturbance.	Increase the access and quality of wraparound services for children and youth through the expansion of the number of counties and/or tribes with Coordinated Service Teams (CST) programs.	<ul style="list-style-type: none"> • Provide additional state budget resources to increase the number of counties and / or tribes covered by CST Initiatives statewide, • Provide technical assistance to those areas of the state/tribes without CST programs. • Review data on child and family outcomes of CST programs and identify quality improvement objectives. • Explore ways to expand child psychiatry consultation for children served by CST programs. 	Count of Counties and / or tribes covered by CST programs.
Mental Health Services Substance Abuse Services	Adults with Serious Mental Illness. Children with Serious Emotional Disturbance.	Improve access and quality of recovery-oriented mental health and substance abuse services that promote evidence-based practices through increasing the number of people served in psychosocial rehabilitation programs, such as Comprehensive Community Services (CCS), Community Support Programs (CSP), Community Recovery S, peer support, and supported empl.	<ul style="list-style-type: none"> • Expand budget authority for Comprehensive Community Services (CCS) thru Governor's budget initiative for the state to assume nonfederal share of MA. • Work with counties and tribes to develop CCS programs in all areas of the state. • Develop and monitor performance indicators for CCS programs; implement quality improvement projects as needed in areas needing performance improvement. • Promote in CCS/CSP service arrays Peer Specialists, Supported Employment, and Family Psycho-education in order to meet individual needs using these EBPs. • Research and develop Peer Run Respite and Warmlines 	Number of persons served through CCS and CSP programs.

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Priority Type	Targeted/required populations	Goal of the priority area	Strategies to attain the goal	Annual Performance Indicators
			<ul style="list-style-type: none"> Support Peer Run Recovery Centers. 	
Mental Health Services	Individuals with mental disorders involved in the criminal justice system.	Promote effective and recovery-oriented and evidence-based practices (EBPs) for people with mental illness who are involved in criminal justice system thru consultation with county systems.	<ul style="list-style-type: none"> Consult with an existing model programs/national experts to identify key EBPs for local court/law enforcement can make to improve their systems. Provide EBP training for county criminal justice and mental health systems. Expand Mendota Forensic units to more quickly provide needed mental health treatment for those individuals in jail who need treatment to competency. 	Number of counties that have been provided consultation.

Proposed 2014 SAPTBG High Level Allocation

The following is the proposed high level allocation to be included in the 2014 SAPTBG. There are both federal (see Attachment A) and state statutory requirements (see citations below) for the disbursement of the SAPTBG funding which are included in the Block Grant documents submitted for review. The specific state statute references that guide the distribution of funding are included if applicable:

SAPTBG FFY 2014 ALLOCATIONS DRAFT	
Community Aids (s. 46.40(2m)(a))	\$9,735,500
State Operations and Administration (20.437(5)(mc))	\$2,156,900
Department of Corrections	\$1,349,200
Department of Children and Families (s. 48.561(3)(a)2, s. 8.545)	\$3,290,000
Women's AODA Initiatives (s. 46.86, s. 46.55(3m))	\$3,595,300
Juvenile Justice Treatment Grants (s. 48.547(2))	\$1,340,000
Additional Primary Prevention Initiatives (s. 46.71, s.252.12(2)(c), s. 6.49(1))	\$1,562,100
Other Treatment Related Grants (s 46.65, s. 6.49(1))	\$4,651,736
Regional Mental Health/Substance Abuse Infrastructure Pilots	\$200,000
TOTAL FFY 2014 Projected (October 1, 2013 – September 30, 2014)	\$27,880,736

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The following is the proposed high level allocation to be included in the 2014 MHBG. There are both federal (see Attachment B) and state statutory requirements (see citations below) for the disbursement of the MHBG funding which are included in the Block Grant documents submitted for review. The specific state statute references that guide the distribution of funding are included if applicable:

MHBG FFY 2014 ALLOCATIONS	
Community Aids (46.40(2m)(b))	\$2,513,400
Coordinated Services Teams (CST) (46.56)	\$1,826,500
Family/Consumer Self-Help & Peer-to-Peer Support (46.54)	\$991,629
Transformation Activities	\$439,928
Systems Change (46.52)	\$137,927
Recovery, Early Intervention, Prevention	\$161,491
Training (46.53)	\$159,995
Wisconsin Protection and Advocacy (51.62(3m))	\$75,000
State Operation and Program Development Costs	\$689,400
TOTAL FFY 2013 (October 1, 2013 – September 30, 2014)	\$6,995,270

Public Review Required

The federal requirements for submission of the block grants include insuring that the block grant plan is reviewed by the state planning council, which is the Wisconsin Council on Mental Health. This year the federal government is suggesting a review by a behavioral health planning council. In Wisconsin, the State Council on Alcohol and Other Drug Abuse is the appropriate body to comment on issues related to substance use and the SAPTBG. The Department must submit the Wisconsin Council on Mental Health's comment letter regarding the block grant plan with the Block Grant application. In addition, states must consult with federally recognized Tribal governments in their state. The DMHSAS has consulted with the Tribes prior to developing the block grant in the summer and fall of 2012. In addition, the Division will schedule a consultation on the Combined Block Grant application in late February or early March prior to the submission of the Block Grant application. Finally, the federal government requires public review and comment which will be achieved at the March meetings of the Wisconsin Council on Mental Health and the State Council on Alcohol and Other Drug Abuse and by posting on the Councils' website.

SAMHSA Eight Key Priorities for States to Address:

States have been asked to develop block grant priorities that link with SAMHSA's key priorities as it establishes its block grant plan. Currently, mental health, substance abuse, and primary care are, in most cases separate and distinct services. Yet, a large portion of individuals presenting for care have need for services in all three systems. SAMHSA's goal is to integrate

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these services in ways that preserve the strengths and contribution of each system yet bring them together in an integrated manner that best serves individuals in their communities.

1. Prevention of Substance Abuse & Mental Illness
2. Trauma & Justice
3. Military Families
4. Recovery Support
5. Health Reform Planning for the Affordable Care Act
6. Health Information Technology
7. Data, Outcomes, & Quality
8. Public Awareness and Support

The state combined application will address the specific questions posed by SAMHSA in these areas.

APPENDIX A

Federal Specific Requirements for SAPTBG

There are federal parameters on the use of the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) as noted below:

- States must expend no less than 20% on primary prevention.
- States must expend no less than 5% on treatment services for pregnant women and women with dependent children.
- State can only use 5 percent of the grant for administrative purposes (i.e. processing of contracts and payments and agency indirect costs) with respect to the grant. A portion of the block grant is used for program development activities beyond the 5 percent administrative amount (i.e., staff salaries to implement the federal required program development and quality improvement activities) as established in the State Biennial Budget.
- The program gives preference in admission to pregnant women who seek or are referred for and would benefit from Block Grant-funded treatment services. Further, all entities that serve women and who receive block grant funds must provide preference in the following order:
 - To pregnant injecting drug users first.
 - To other pregnant substance abusers second.
 - To other injecting drug users third.
- Grant funds shall not be used to provide inpatient hospital services unless the safety of the patient is in jeopardy.
- Additionally, the daily rate of payment provided to the hospital for providing the services to the individual cannot exceed the comparable daily rate provided for community based non-hospital residential programs of treatment for substance abuse and the grant may be expended for such services only to the extent that it is medically necessary (i.e., only for those days that the patient cannot be safely treated in a residential community based program).
- Grant funds shall not be used to make cash payments to intended recipients of health services.
- Grant funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility, or purchase major medical equipment. The Secretary may provide a waiver of the restriction for the construction of a new facility or rehabilitation of an existing facility, but not for land acquisition.
- Grant funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding.
- Grant funds may not be used to provide financial assistance (i.e., a subgrant) to any entity other than a public or non-profit entity. A State is not precluded from entering into a procurement contract for services, since payments under such a contract are not financial assistance to the contractor.
- Grant funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.

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- Grant funds may not be used to enforce State laws regarding sale of tobacco products to individuals under age of 18, except that grant funds may be expended from the primary prevention set-aside for carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections.
- No funds provided directly from SAMHSA or the relevant State or local government to organizations participating in applicable programs may be expended for inherently religious activities, such as worship, religious instruction, or proselytization.

APPENDIX B

Federal Requirements for the Community Mental Health Block Grant

There are federal constraints on the use of the federal Community Mental Health Block Grant as noted below:

- The primary target groups for the funds are adults with a serious mental illness or children with a severe emotional disturbance.
- The state will provide services only through appropriate, qualified community programs.
- Cannot be used for inpatient services.
- Cannot be used to make cash payments to intended recipients of health services.
- Cannot be used to purchase or improve land, purchase, construct, or permanently improve any building or other facility, or purchase major medical equipment.
- Cannot be used to satisfy any requirement for the expenditure of non-federal funds as a condition of the receipt of federal funds.
- Cannot be used to provide financial assistance to any entity other than a public or nonprofit entity.
- State can only use 5 percent of the grant for administrative purposes (i.e. processing of contracts and payments and agency indirect costs) with respect to the grant. A portion of the block grant is used for program development activities beyond the 5 percent administrative amount (i.e., staff salaries to implement the federal required program development and quality improvement activities) as established in the State Biennial Budget.
- Must maintain a level of spending in the block grant for a system of integrated services for children not less than the amount expended by the state in 2008.
- The State must maintain State expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the two-year period proceeding the fiscal year for which the state is applying for the grant.